

DIPLoma IN PSYCHODYNAMIC COUNSELLING
APPLICATION FORM

CONFIDENTIAL

Name (Miss/Ms/Mrs/Mr).....

Address.....

.....

Telephone number: Day.....

Evening.....

Date of birth.....

Occupation.....

.....

Qualifications: *You need only include qualifications gained after secondary school*

Please complete each of the following sections

1. Reasons for applying for course

2. Experience of working with people, including voluntary work

3. Interest in counselling

Write about how your interest in psychodynamic counselling developed. You can include life experiences which may have influenced you. Please use a separate sheet of paper if necessary.

4. Personal history

Please give details of life events you consider important

5. Personal counselling or psychotherapy

Please give details of current or past therapeutic experiences. If current, please fill in details at the end of this section.

Name of counsellor/psychotherapist:

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Orientation:

State whether psychodynamic: if other orientation state which e.g. person centred

.....

Registration:

State whether psychotherapist/counsellor is registered with UKCP (PP section); British Confederation of Psychotherapists (BCP) or British Association for Counselling and Psychotherapy (BACP)

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Date started:

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Number of sessions per week:

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6. References

Please supply details of two referees. Your first referee needs to be your Course Tutor.

Name.....

Address(with post-code).....

.....

Telephone number.....

Occupation.....

Name.....

Address(with post-code).....

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Telephone number.....

Occupation.....

Date of application.....

Signed.....

Return form to the Training Co-ordinator at Enfield Counselling Service by submission date. Include £15.00 application registration fee *(waived for ECS certificate students).*